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ABSTRACT

This report describes certain assumptions and tentative conclusions made by an Advisory Group of the Adult Literacy and Basic Skills Unit (ALBSU) about work with the mentally handicapped from a nonspecialist perspective. With the basic education organizer in mind, the report addresses six major issues. A definition of the term mentally handicapped is provided. The discussion of the need for specialization is supplemented by information on the liaison and cooperation between specialists and also between specialists and nonspecialists. Then, the importance of the context of care and its influence on educational needs are addressed. Next, the relationship between basic education and special education is explored. Four models are proposed for the organization of work with the mentally handicapped in the context of a one-to-one literacy scheme or an adult education center with a literacy scheme. The sixth issue addresses the differences between educational work with the mentally handicapped and literacy, numeracy, and basic skills provision. The report concludes with a brief note on methodology. (YLB)

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Literacy and Numeracy Work with Mentally Handicapped Adults

A report compiled by an ALBSU Advisory Group

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ALBSU
Adult Literacy & Basic Skills Unit

'Literacy and numeracy work with Mentally Handicapped Adults' is a report compiled by an ALBSU Advisory Group submitted to the Unit's Consultative Committee. After considering the report, the Consultative Committee felt that it would be valuable if it was made widely available, not as a definitive document, but as a useful contribution in considering the role of literacy and numeracy schemes in continuing education provision for mentally handicapped adults.

The Advisory Group met six times between July and December 1981 and consulted a number of publications on mental handicap. One meeting took place at St. Margaret's Hospital, Walsall and at another meeting Chris Lloyd of the Grange Arts Centre, Southwark described his work. At a more informal level, members of the Advisory Group talked to tutors in their authorities and reported back to the group. Judith Banbury, ALBSU's Field Consultant involved in the group, also talked to Peter Lavender, County Adult Literacy Co-ordinator, Norfolk, about his work with mentally handicapped adults.

I would like to express our thanks to the members of the Advisory Group who produced this report, which I hope proves useful to others concerned with this important area of work.

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Introduction

This report describes certain assumptions and tentative conclusions the Advisory Group came to about work with the mentally handicapped from a non-specialist perspective. In broad terms, the Group has in mind the perspective of a basic education organiser with a range of responsibilities including the provision of basic literacy and numeracy classes and the provision of tuition for special groups including work with the mentally handicapped. The reason for keeping this perspective in mind was the assumption that ALBSU's role as a focus and co-ordinator of adult literacy, numeracy and basic skills work is primarily influenced by, and an influence on, the work of this group.

With this group in mind, certain key questions were raised frequently by working group members:-

1. Who are the mentally handicapped?
2. To what degree is educational work with the mentally handicapped a specialist task?
3. How important is the context of care of the mentally handicapped and how far does this influence educational needs?
4. What is the relationship between 'basic' education and 'special' education? Is it desirable that educational work with the mentally handicapped should be seen as the responsibility of the basic education service?
5. What are the lessons learned from different ways of organising work with the mentally handicapped? What degree of integration is desirable and feasible?
6. What are the differences between the objectives (including content and methodology) of educational work with the mentally handicapped and general adult literacy, numeracy and basic skills work?

Who are the mentally handicapped?

A definition of the term mentally handicapped presents considerable difficulties. Some Area Health Authorities use the Wessex scale, which is related to the placement of people into a context which is appropriate for their needs, using criteria based on the person's dependence or independence. At one time the distinction between ESN(M) and ESN(S) was based on an IQ measurement. However, this practice is not as widespread as it used to be since measurement at any given time may depend on the context and physical difficulties which may distort the result. Certain clinical conditions such as Downs Syndrome may indicate mental handicap at birth but, since performance can be substantially modified by later experience and environmental conditions, it cannot be seen as a fixed quality. The extent of brain damage suffered may provide a general indication; but only a general indication for reasons similar to those stated above and it is not generally used as a criterion on its own. A distinction is usually made between those who suffer brain damage (such as by a stroke) in later life, and those who receive brain damage at birth, since brain damage in later life usually has different qualities. It is usually those who have suffered brain damage at birth who are thought of as mentally handicapped.

Mental handicap, therefore, is an umbrella term which encompasses a number of judgements made about the individual's capacity to perform 'normally' in certain situations. These include the capacity or inability to communicate in speech or in writing, the capacity to live independently and the capacity to undertake paid employment. People are placed in a particular context of care, therefore, based on a judgement of their capacities.

Context of Care/ Residence	*Employment or Occupation*	*Wessex Scale*
Hospital: ESN(S) ward	Occupational	High
Hospital: ESN(M) ward	Training Centre	
Hospital: Pre-Discharge Unit	Adult Training Centre (ATC)	Dependence
Hostel		
Group Home	Sheltered Workshop/	
Own Home	Ordinary Employment	Low

These contexts are not clearly distinct, and the mentally handicapped person living with his or her parents, for example, may be independent or dependent to a greater or lesser extent. Thus, the mentally handicapped person could be found in one or more of these contexts. For the purpose of this paper, the person who was living in his or her own home without support and either in ordinary paid employment or coping financially and practically with unemployment, would not be seen as having special educational needs, although he or she might have a need for basic education. While definition in this field is undoubtedly a problem (and may in certain circumstances contribute to the stigmatisation of the mentally handicapped) by defining to some extent, it is then possible to recommend positive steps to be taken in this field. Without some definition, positive action is unlikely.

While much work with the mentally handicapped requires considerable expertise and training, some general support work is done by non-specialists in the field. Volunteers are involved, for example, in visiting the mentally handicapped or accompanying them on visits. However, educational work with the severely mentally handicapped usually requires specialist knowledge and expertise or specialist guidance. The severely mentally handicapped in question are those whose receptive or expressive language is extremely limited. Staff working with such a group may often need to use sign language or another means of communication such as Rebus, Possum or Maketon to communicate with their students. Although the Advisory Group encountered one example where this group was being catered for in an ordinary adult education centre, this was unusual and carried out under special circumstances and with very favourable staff/student ratios.

The moderately mentally handicapped (ESN(M)) are therefore the group which it was felt could be provided for by the general education service in certain circumstances.

Liaison and co-operation between specialists and between specialists and non-specialists

In institutional care of the mentally handicapped distinctions are made between paramedics or nursing staff, teachers qualified in special education, and generally qualified education staff. Sometimes, demarcation disputes can occur and this can have an effect when moves are made towards liaison and co-operation between services. In extreme terms the two sides of the argument are that nursing staff see special education staff as getting paid a higher hourly rate for doing something nebulous and vague. Special educational staff on the other hand may see nursing staff as concerning themselves entirely with physical care and a purely clinical approach to care. These sorts of attitudes may be seen most often in hospitals for the mentally handicapped. In adult training centres (ATCs), there is sometimes a rift between educational staff and training staff. Crudely, training staff may see themselves as providing a concrete and useful training in a trade, and see educational provision as either unnecessary or insufficiently relevant or concrete. When the question of literacy is broached nursing staff and ATC supervisors may often welcome the idea but see it simply as another form of skill acquisition, perhaps a somewhat mechanical process. General language development may be seen by ATC and hospital staff as not part of their job and something done quite separately by a specialist teacher. Several organisers mentioned this as a difficulty, since in their dealings with ATC managers or hospital administrators, they found they were operating a different model of literacy and language development than they would normally use and were being asked to provide tuition in a way which they did not feel happy about.

On the other hand, specialist workers with the mentally handicapped may sometimes feel that the non-specialist basic education tutor does not value professional qualifications highly enough, and may sometimes appear to think that willingness and enthusiasm were enough. Any initiatives taken in this area should therefore avoid the implication that this is the case or that basic education tutors should take on the job wholesale. Past experience would suggest that the in-service training of non-specialist staff is important. It may also be the case that organisers require a great deal of information about work with the mentally handicapped in order to decide which areas of this work cannot be done successfully or adequately by their tutors.

The context of care

Since the overall objective of work with the mentally handicapped appears to be to develop the personal and social independence and autonomy of the individual, care and education is often related to the individual reaching the 'next link' in the 'chain of discharge'. Social policies related to the mentally handicapped aim at present to accelerate this process and to establish provision for the mentally handicapped in the community. In general, therefore, much of the work engaged in is concerned with overcoming the effects of institutionalisation of one kind or another. Some of the characteristics of institutionalisation are:-

- Limited experience of the world outside the institution: thus an inability to converse on topics other than those concerning the staff of the institution or residents.
- Dependence on nursing and other staff for personal care and for decision making. This sometimes gives rise to a reluctance to initiate self-directed activity of any kind, especially educational work.
- A lack of awareness of the range of behaviour tolerated outside the institution, thus a tendency to behave in a bizarre or unacceptable way to people outside.

Thus the core of education and training is centred around overcoming these characteristics, and there is a concentration on oral communication skills, social skills and functional skills such as personal hygiene and domestic activities.

'Special education' and 'basic education'

As well as the educational needs described above, mentally handicapped people have the same desire for continuing education as others. Thus the mentally handicapped have the need for education for its own sake and for

the full range of liberal education and leisure activities in the same way that the rest of the population has. The need for general adult and continuing education of the mentally handicapped could therefore be seen as the responsibility of the whole of the education service. Often it is assumed that all education of the mentally handicapped should be organised within the basic education service and be financed by it and sometimes this is done for administrative convenience. However, this method of organisation has certain consequences which may not work in the interests of the mentally handicapped. If all the education of the mentally handicapped is seen as **basic** education, this would tend to reinforce the stigma suffered by the mentally handicapped – it would also stretch the resources of an already fragile service. Further, it would mean that the adult education service as a whole would not need to adapt to the needs of the mentally handicapped members of its community.

The group were told of several examples where the adult education service provided classes for beginners in pottery, art or music and within which there were mentally handicapped individuals. Other services provided classes separately, but as part of the general adult education service. Some further education colleges provide courses in a particular aspect of vocational training as part of their general provision. In these cases, such provision is not necessarily classified as 'basic'. Fee structures are significant here, and since there was no consistency about the practice of charging fees for 'basic' education, it is difficult to generalise. In some authorities fees are charged regardless of the classification of the class but taking regard of individual students' resources, in other authorities there are no fees for literacy and numeracy classes or for any class termed 'basic'. Thus a mentally handicapped person in one authority may pay for a literacy class and a basic carpentry class, while in another authority they may pay for neither, and in yet another authority they may not pay for the literacy class but have to pay for the carpentry class. In many cases of course, payment is actually made by the parent, guardian or institution responsible for the mentally handicapped person.

The organisation of work with the mentally handicapped in the context of a literacy scheme or an adult education centre with a literacy scheme can be divided into roughly four models:

a. Individual tuition, 1:1 volunteer tutor and mentally handicapped person.

b. Group tuition in a separate building, which may be a hospital, hostel or group home, separate from 'normal' literacy and basic skills provision.

c. Separate group tuition in an adult education centre or a literacy scheme, with the possibility of mixing over coffee or after class.

d. Integrated tuition, mixed classes of mentally handicapped students and literacy or numeracy students.

Where provision is organised as in a. and b. above, the main problem encountered was that of tutor training and satisfactory matching of the tutor/student. There were many examples of c, although organisers reported that there was very little social mixing going on at coffee breaks. The best example of this sort of arrangement was that used by one FE college where the social mixing was organised insofar as an FE student was paired with a mentally handicapped student in order that they could meet at lunch and at coffee breaks.

Although many tutor/organisers see integration as an ideal, there are some problems associated with it. Apart from different educational needs, the major difficulty encountered in integrated classes was the reaction of other students, particularly if in a literacy class students suffer from a sense of shame or low self-esteem. Placement of those who are mentally handicapped in 'ordinary' provision seems almost entirely dependent on the physical characteristics or behavioural patterns of the person concerned. Staff and students alike seem prepared to accept someone who 'looks normal', whatever their abilities. Even a person with a higher level (in comparative terms) of educational ability, but who has some disturbing physical or behavioural peculiarities will not be accepted by other students, while someone who looks normal but has a low level of educational attainment will be accepted. A general principle seems to emerge when comparing integration in a college setting and integration into a literacy scheme. The stigma which is sometimes associated with literacy classes is not present in college work, therefore college students are possibly less likely to feel embarrassed by association with the mentally handicapped. It was felt that it was a lot to ask of a literacy student that he/she feels sympathy and compassion towards the disadvantages of the mentally

handicapped. It may be that there is a relationship between confidence in one's own abilities and the capacity to feel sympathy towards others.

While integration may be a long term goal, organisers, in general, seem to feel that a careful balance needs to be maintained in literacy groups, if tuition is to be integrated. The tutor/organiser also needs to make decisions on how far those referred are in need of far more specialist help than the literacy scheme can provide; this involves an informal assessment of the potential progress a mentally handicapped student is likely to make.

Differences between educational work with the mentally handicapped and literacy, numeracy and basic skills provision

The highest educational priority for a mentally handicapped person is likely to be the development of social skills and communication skills in order that their independence may be developed and reading and writing may be of a lower priority. The 'survival skills' of everyday life are particularly important for the mentally handicapped. Whereas a literacy tutor may use everyday operations as a vehicle for teaching literacy (eg cooking, dressmaking), the overall intention is the development of reading and writing ability. Literacy and numeracy students' greatest strengths are their considerable life experience and ability to perform everyday functions in spite of having difficulty with reading, writing and calculation. The reverse is usually true of the mentally handicapped adult, largely because of the protective nature of their previous environment. Literacy and numeracy in their case is the means towards the end of providing experience and competence in performing everyday activities. Taking 'shopping' as an example, the literacy tutor would correctly assume that her student has a great deal of experience in shopping, and would make use of the context cueing and social sight vocabulary acquired in so doing. A tutor of the mentally handicapped could not always assume this experience. Therefore one of the ways of 'teaching' shopping skills to a mentally handicapped adult may be to provide the experience in a simulated form or in a safe environment.

A second difference is the emphasis in working with the mentally handicapped on interpersonal skills. It is assumed that most adults in literacy

schemes can 'get on with' others reasonably well. This cannot be as easily assumed for mentally handicapped adults due to the reasons mentioned earlier. Transactional oral work and such things as conversation are aspects of the mentally handicapped adults' needs which require development. In this area also there is a need to practise such skills in as real a situation as possible.

The length of time that may be required to teach a mentally handicapped person basic reading and writing skills, therefore, raises certain questions about the priority which should be accorded to reading and writing tuition for the mentally handicapped. For example, it may take 4/5 years to teach someone to read a clockface, and only a few months to teach that person to ask the time.

Since the mentally handicapped are rarely self-referred, their expectations are different and many mentally handicapped adults attend a class as an end in itself rather than as a means to an end. Often they do not see tuition as a means towards obtaining a job or carrying out some task in daily life.

Many mentally handicapped individuals who are living at home do not have a concept of themselves as adults and may not have gone through transitional stages such as adolescence. Their ability to work independently may also be limited.

The mentally handicapped person may have a short concentration span and thus long periods of study are impracticable and undesirable. Work needs to be organised in small enough steps for understanding, but not so small as to be meaningless or mechanistic.

The teacher unused to dealing with the mentally handicapped may find progress unbearably slow and have inappropriate goals for students. Such a tutor may have great difficulty in pacing learning at the right speed, and may not have the patience to deal with such a group.

The vehicle for teaching literacy to the mentally handicapped may be very different from the vehicles chosen in conventional literacy schemes. These are more often associated with basic day-to-day coping skills; cooking, hygiene, home economics, than may be the case in many literacy schemes where adult students live full and independent lives.

Available from:
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